STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	446427	A. BUILDING _____ B. WING _____	05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA HEALTH CARE CENTER	444 ONE ELEVEN PLACE COOKEVILLE, TN 38501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Amended 6/7/16: Added Initial Comments A recertification survey was completed on 5/16-19/16 at Bethesda Health Care Center. A Harm level deficiency was cited for F-241 G under 42 CFR 483, Requirements for Long Term Care Facilities.	F 000	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements and state requirements when necessary	
F 241 SS=G	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation, and interview, the facility failed to preserve the dignity of 1 resident (#147) of 11 dependent residents reviewed of 37 residents reviewed. This failure resulted in harm to Resident #147. The findings included: Review of facility policy, Resident Rights, dated 9/14 revealed "...Employees must treat all patients with the kindness, respect, and dignity..." Medical record review revealed Resident #147 was admitted to the facility on 2/27/16 with diagnoses including Multiple Sclerosis, Fracture Lower End of Right Tibia, Fracture Upper and Lower End of Right Fibula, Ulcerative Proctitis, and Generalized Muscle Weakness.	F 241	F241 1. The ADON and Social Worker interviewed R#147 on 5/19/16 regarding the alleged events. The DON and ADON met with R#147 on 5/20/16 to discuss any concerns that the resident may have related to dignity or care issues. No other issues with R#147 was identified. A pink laminated "do not disturb" placard was provided by regional nurse to R#147 on 5/23/16. It is to be utilized when R#147 is receiving personal care or requesting privacy. On 5/24/16 a timer was implemented so that both the resident and CNT can	5/27/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/21/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 Medical record review of the Admission Minimum Data Set (MDS) dated 2/27/16 revealed Resident #147 scored 15/15 on the Brief Interview for Mental Status indicating the resident was alert and oriented and able to make needs known. Continued review of the MDS revealed Resident #147 required extensive assistance of two people for transfers, dressing, grooming; was dependent on two people for bathing; required extensive assistance of one person for eating; and was always incontinent of bowel and bladder. Observation of Resident #147 on 5/16/16 at 1:30 PM, in the resident's room revealed Resident #147 lying in bed with both arms and both legs resting on pillows. Continued observation revealed Resident #147 was able to move her hands but was unable to move her arms and legs. Interview with Resident #147 on 5/16/16 at 1:30 PM, in the resident's room revealed the resident was able to tell when she had been incontinent of bowel and bladder so would call for the Certified Nursing Assistant (CNA) to clean her. Continued interview with Resident #147 revealed she had waited 30-40 minutes on several occasions and 53 minutes on one occasion for someone to answer the call light. Further interview revealed Resident #147 laid in urine and feces while waiting for someone to answer the call light and it made her feel terrible. Interview with Resident #147 revealed while she was being cleaned after an accident and her bed was being changed, she was on the lift (a sling under the resident and connected to 4 hooks to lift resident off the bed). Continued interview revealed a CNA who was not involved in her care, entered her room and stood	F 241	better coordinate Res#147 care. 2. On 5/20/16 interviews were conducted by Administrator, DON, ADON, Risk Management Nurse and Social Worker to identify any other residents that may have dignity and/or care issues. All concerns was addressed. 3. On 5/23/16 the Regional Nurse re-educated the Administrator and DON concerning delivery of care for residents in a manner that enhances each resident's dignity and respect of individuality. On 5/23/16 and 5/25 /16 staff were re-educated by regional nurse, DON and Administrator concerning delivery of care for residents in a manner that enhances each resident's dignity and respect or individuality.	

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F 241	Continued From page 2 waiting for the lift which made Resident #147 feel her privacy had been violated. Interview with the Director of Nursing (DON) on 5/19/16 at 10:32 AM, in the conference room revealed the DON considered 3-5 minutes as an adequate time to answer call lights and considered it unacceptable for any resident to wait 30-40 minutes or 53 minutes, for someone to answer the call light. Continued interview with the DON revealed it was a dignity issue for a resident to lie in urine and feces for 30-40 minutes or 53 minutes. Further interview with the DON revealed "...a CNA had no business being in a resident's room when he/she was not providing care to the resident..."	F 241	4. Grievance/Concern log will be reviews daily by SW or ADON and findings reported to the daily IDT to ensure concerns are addressed timely. SW or ADON will monitor for compliance by conducting random resident interviews daily x1 week, then weekly x2 weeks, then monthly for x3 months and random thereafter. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a call light was within reach for 1 resident (#204) of 37 residents reviewed. The findings included: Medical record review revealed Resident #204	F 246	F246 1. The DON immediately had staff to assist R#204 back to bed and call light in place with their reach.	5/27/16

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F 246	Continued From page 3 was admitted to the facility on 12/22/15 with diagnoses including Hemiplegia and Hemiparesis following Nontraumatic Intracerebral Hemorrhage affecting right dominant side, Aphasia, Dysphasia, Hypertension, and Vascular Dementia. Observation and interview with the resident on 5/18/16 at 9:40 AM, in the resident's room revealed the resident seated in a wheelchair next to the bed. Continued observation revealed the resident's call light lying on the bed not within the resident's reach. Interview with the resident confirmed he wanted to go back to bed and could not reach the call light. Interview and observation with the Director of Nursing on 5/18/16 at 9:40 AM, in the resident's room confirmed the call light was not within reach of the resident.	F 246	2. On 5/18/16 rounding and observation of all residents was conducted to identify any Resident that didn't have the call light within reach. The facility staff corrected all call lights that was found to be out of reach. Call lights found without clips were immediately corrected with a new clip. 3. Call light and clip observations will be added to CNA assignment sheets. The risk nurse also re-educated staff regarding call lights within reach all times while in bed on 5/18/16.	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to maintain clean resident equipment for 1 semi-private room for 1 of 6 hallways observed. The findings included: Review of facility policy, Housekeeping Outline	F 253	4. Random audits will be conducted by rounding and observation by the risk nurse or DON daily x1 week, weekly x2 weeks then monthly x3 months, random thereafter. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	5/27/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 246	Continued From page 3 was admitted to the facility on 12/22/15 with diagnoses including Hemiplegia and Hemiparesis following Nontraumatic Intracerebral Hemorrhage affecting right dominant side, Aphasia, Dysphasia, Hypertension, and Vascular Dementia. Observation and interview with the resident on 5/18/16 at 9:40 AM, in the resident's room revealed the resident seated in a wheelchair next to the bed. Continued observation revealed the resident's call light lying on the bed not within the resident's reach. Interview with the resident confirmed he wanted to go back to bed and could not reach the call light. Interview and observation with the Director of Nursing on 5/18/16 at 9:40 AM, in the resident's room confirmed the call light was not within reach of the resident.	F 246		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to maintain clean resident equipment for 1 semi-private room for 1 of 6 hallways observed. The findings included: Review of facility policy, Housekeeping Outline	F 253	F253 1. On 5/17/16 Housekeeping Supervisor immediately cleaned the tabletop fan. 2. 5/17/16 the housekeeping supervisor completed audit of all residents with personal fans to identify any that may have required cleaning. No other personal fans was in the facility. 3. Cleaning of personal fans has been added to the daily cleaning schedules	5/27/16

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F 253	Continued From page 4 (Job Responsibility), undated revealed "...areas to be cleaned...where dust accumulates..." Observation on 5/17/16 at 11:07 AM, in a semi-private room on the 300 Hallway revealed dust debris on the covering and blades of a tabletop fan. Interview with the Housekeeping Supervisor on 5/17/16 at 3:30 PM, in the main lobby confirmed the facility failed to maintain a clean tabletop fan for resident use.	F 253	4. On 5/17/16 the housekeeping supervisor re-educated the housekeeping staff on cleaning of residents personal fans. HSK Supervisor or a housekeeper will audit personal fans dailyx1 week, then weekly x2 weeks, then monthly x3 months. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each	F 278	F278 1. On 5/18/16 MDS Coordinator #2 submitted correction to section L of the MDS for R#204 for December 2015 and March 2016 2. On 5/20/16 MDS Coordinators #1 #2 #3 conducted an observational audit or oral cavity of the residents in the facility and compared the findings to section L of their last full MDS assessment. No other issues was found with any of the residents at that time.	5/27/16

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F 278	Continued From page 5 assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure an accurate Minimum Data Set (MDS) for 1 resident (#204) of 37 residents reviewed. The findings included: Medical record review revealed Resident #204 was admitted to the facility on 12/22/15 with diagnoses including Hemiplegia and Hemiparesis following Nontraumatic Intracerebral Hemorrhage affecting right dominant side, Aphasia, Dysphasia, Hypertension, and Vascular Dementia. Medical record review of the Admisssion MDS dated 12/29/15 revealed "...No natural teeth or tooth fragment(s)...[box checked]...none of the above were present..." Medical record review of the Significant Change in Status MDS dated 3/29/16 revealed "...No natural teeth or tooth fragment(s)...[box checked]...none of the above were present..." Medical record review of a nursing note dated 12/22/16 revealed "...he has his own teeth with the majority of them missing..." Observation of the resident on 5/18/16 at 9:40 AM, in the resident's room revealed the resident	F 278	3. If there is a question of how to code a particular resident's oral cavity then a second MDS nurse will assess the residents to ensure proper documentation is maintained. On 5/18/16 the regional nurse re-educated all 3 MDS coordinators on proper coding of section L. 4. DON or ADON will conduct random audits of section L of the MDS to ensure compliance monthly for x3 months then random thereafter. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	

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F 278	Continued From page 6 seated in a wheelchair next to the bed. Continued observation revealed the resident had no upper teeth and some missing lower teeth. Interview with Registered Nurse MDS Coordinator #2 in the conference room confirmed the MDS for December 2015 and March 2016 were inaccurate related to the dental status.	F 278		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to revise the care plan to accurately address the transfer	F 280	F280 1. On 5/23/15 MDS Coordinator revised/updated the care plan for R#33 to reflect the need for 2 person assist with transfers. 2. On 5/23/16 and 5/24/16 an audit was conducted by the regional nurse and MDS Coordinators of residents' care plans, MDS and resident care needs to identify residents that require 2 person assist with transfers were accurately coded. 3. Daily review of 24 hour report will be completed to ensure that all changes of conditions or	5/27/16

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F 280	Continued From page 7 needs of 1 resident (#33) of 3 residents reviewed for accidents. The findings included: Review of facility policy, Fall Risk/Fall Prevention Guidelines Purpose/Procedure, dated 9/14 revealed "...patients...are assessed for the risk of accident and injury and plans to protect all patients from accidental and injury are based on the assessment...post fall management...modify the patient's plan of care as needed..." Medical record review revealed Resident #33 was admitted to the facility on 8/24/15 with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes Mellitus Type II, Epilepsy, End Stage Renal Disease, Chronic Heart Disease, and Cerebral Vascular Accident with Hemiplegia. Medical record review of the facility's investigations revealed Resident #33 had fallen in the facility on 9/3/15, 1/26/16, and 3/15/16. Medical record review of the Care Plan for Falls dated 9/3/15 revealed an added intervention dated "3/16/16 - Fall Intervention for fall on 3/15/16 assist x [times] 2 with transfers, CNA transfer technique training." Medical record review of the Significant Change Minimum Data Set (MDS) dated 11/20/15 revealed a functional status for Transfer of 3, extensive assistance, and staff support of 3, 2 plus persons physical assist. Further review of the quarterly MDS dated 2/15/16 and 5/6/16 revealed Transfer of 3 extensive assistance and staff support of 3, 2 plus persons physical assist.	F 280	resident care needs are reviewed and updated as necessary. 4. On 5/23/16 and 5/25/16 Regional nurse and Don re-educated MDS Coordinators, RN and LPN charge nurses on updating care plans, MDS and resident care needs timely to reflect their most current level of care. Random audits of the MDS, care plans and resident care needs will be conducted by the Don and ADON monthly x3 months then random thereafter to ensure compliance. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	

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F 280	Continued From page 8 Medical record review of the facility investigation dated 3/15/16 revealed "...CNA (Certified Nursing Assistant) was transferring resident from wheelchair, patient lifted legs up during the transfer and CNA lowered the patient to the floor..." Interview with the Risk Manager/Licenced Practical Nurse and the Director of Nursing on 5/18/16 at 3:15 PM, in the Activities Office confirmed the facility failed to revise the care plan for a 2 person assist for Resident #33.	F 280		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, and interview, the facility failed to provide assistance required to prevent an accident for 1 resident (#33) for 1 of 3 residents reviewed for accidents. The findings included: Review of facility policy, Fall Risk/Fall Prevention Guidelines Purpose/Procedure, dated 9/14 revealed "...patients...are assessed for the risk of accident and injury and plans to protect all	F 323	F323 1. On 5/23/16 MDS Coordinator revised/updated the care plan for R#33 to reflect the need for 2 person assist with transfers 2. On 5/25/16 the last 3 months of falls were audited by the regional nurses for any affected residents requiring 2 person assist that resulted in a fall with 1 person assist. No other concerns were found.	5/27/16

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F 323	Continued From page 9 patients from accidental and injury are based on the assessment...all staff - will receive education on fall prevention and management...meeting the patients...needs..." Medical record review revealed Resident #33 was admitted to the facility on 8/24/15 with diagnoses including Chronic Obstructive Pulmonary Disease, Diabetes Mellitus Type II, Epilepsy, End Stage Renal Disease, Chronic Heart Disease, and Cerebral Vascular Accident with Hemiplegia. Medical record review of the quarterly Minimum Data Set (MDS) dated 2/15/16 revealed a Brief Interview of Mental Status (BIMS) of 14 (cognitively intact), and a functional status for transfer of 3, extensive assistance, and staff support of 3 with 2 plus persons physical assist. Medical record review of the quarterly MDS dated 5/6/16 revealed a BIMS of 11 (moderately impaired) and functional status for transfer of 3, extensive assistance and staff support of 3 with 2 plus persons physical assist. Medical record review of the facility investigation dated 3/15/16 revealed "...CNA (Certified Nursing Assistant) was transferring resident from wheelchair, patient lifted legs up during the transfer and the CNA lowered the patient to the floor..." Medical record review of the Statement of Inservice Training for Employees dated 3/15/16 revealed "Patient is to be an assist of 2 with all transfers for patient safety and ours" and attended by 4 CNA's and 2 LPN's (Licensed Practical Nurse).	F 323	3. The DON and ADON started on 5/23/16 a daily review of the 24 hour report to determine any changes in conditions or resident care needs that need new interventions can properly be care planned and placed on resident care needs. On 5/18/16 and 5/25/16 the Staff development Coordinator and Don re-educated CNT's, charge nurses that resident care needs are reviewed daily in order to provide effective, safe and quality care.	

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F 323	Continued From page 10 Medical record review of a Statement of Inservice Training for Employees dated 3/22/16 revealed "proper transfer technique using gait belt per [name] PT [Physical Therapy]. Taught proper hand placement, belt placement, blocking pt. [patient] knee, body mechanics, and hand placement of pt." Further review revealed inservice attended by 1 CNA (#1). Interview with the MDS Coordinator (#1) on 5/18/16 at 11:30 AM, in the MDS office confirmed "...I tally the amount of times she needed 2 persons to help..." Further interview confirmed Resident #33 was coded as an extensive transfer assist with 2 persons on the MDS assessments on 2/11/16 and 5/6/16. Interview with CNA #2 on 5/18/16 at 2:00 PM, in the conference room confirmed Resident #33 cannot stand on her own "...sometimes there is no one around...it's no problem for me to do by myself so I transfer her from the bed to the wheelchair..." Continued interview confirmed CNA #2 was not aware Resident #33 was a 2 person assist for transfers. Interview with CNA #1 on 5/18/16 at 2:10 PM, in the Conference Room confirmed on 3/15/16 she attempted to transfer Resident #33 from the bed to the wheelchair without assist from other staff. Continued review confirmed she was unable to place the resident in the wheelchair and lowered her to the floor. Further interview confirmed she did not check the resident care needs and did not know Resident #33 was a 2 person assist for transfers. Interview with the Risk Manager/Licenced Practical Nurse and the Director of Nursing on	F 323	4. Falls will be reviewed 5 days a week (as they occur) with the IDT to ensure that proper interventions are in place, effective and corresponds with the resident care needs and care plan. Fall occurrence reports will be monitored by the DON or ADON weekly x4 weeks then monthly x3 months to ensure compliance. Any corrective actions will be completed at time of findings and reported to the QA meetings for trending.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445427	A. BUILDING _____ B. WING _____	05/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 323	Continued From page 11 5/18/16 at 2:50 PM, in the Activities Office confirmed the MDS assessed Resident #33 correctly for being a 2 person assist for transfers and the facility failed to provide assistance to avoid an accident for Resident #33.	F 323		
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on review of facility Quality Assurance sign in agenda and minutes and interview, the	F 520	F520 1. On 5/24/16 the regional nurse re-educated Administrator and DON regarding conducting Quality Assurance Meetings quarterly at a minimum. 2. All residents have the potential to be affected, and during mini QA meeting on May 20th,2016 no residents were found to be effected. 3. Mini-quality assurance meetings will be conducted monthly with members of the IDT. Along with the standard quality assurance meeting with all required members quarterly.	5/27/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 520	Continued From page 12 facility failed to provide documentation the Quality Assurance Committee had quarterly meetings from 4/2/15 through 3/31/16. The findings included: Review of the facility's Quality Assurance sign in agenda and minutes from 4/2/15 (for January, February, and March 2015) revealed the committee had met only 1 time in 2015. Interview with the Administrator on 5/18/16 at 4:20 PM, in the Administrator's office confirmed the facility had no documentation of quarterly meetings for the last year.	F 520	4. Audits of the QA meetings will be conducted by the Regional director of operations or regional nurses monthly x6 months to ensure compliance is met.	